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The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/EP

**DETAILED, NON-RATIONALIZED
EXAMINATION REQUESTED.**

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

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Identification of IPEA	Date of receipt of DEMAND
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Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 758.1303WO11
International application No. PCT/US03/19112	International filing date (day/month/year) 18 June 2003 18.06.2003	(Earliest) Priority date (day/month/year) 21 June 2002 21.06.2002
Title of invention ARRANGEMENT FOR CONTAINING FILTER CONTAMINANT; ASSEMBLY; AND, METHODS		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) DONALDSON COMPANY, INC. 1400 West 94th Street P.O. Box 1299 Minneapolis, Minnesota 55440-1299 United States of America (Applicant for all designations except US)		Telephone No.: Facsimile No.: Teleprinter No.:
State (i.e. country) of nationality: US	State (i.e. country) of residence: US	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) FOBE, Johan Wakkerzeelsebaan 128 3012 Leuven Belgium (Applicant for US designation only)		
State (i.e. country) of nationality: BE	State (i.e. country) of residence: BE	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) GRECO, Enrico Via F. Roselli 20 46020 Villa Poma Italy (Applicant for US designation only)		
State (i.e. country) of nationality: IT	State (i.e. country) of residence: IT	



Further applicants are indicated on a continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

DILS, Julien
Kattelijnestraat 35
3350 Linter
Belgium

(Applicant for US designation only)

State (i.e. country) of nationality:

BE

State (i.e. country) of residence:

BE

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

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Further applicants are indicated on another continuation sheet.

Box No. VI CHECK LIST

The demand is accompanied by the following documents for the purposes of international preliminary examination:

- | | | | |
|----|---|---|--------|
| 1. | amendments under Article 34 | | |
| | description | : | sheets |
| | claims | : | sheets |
| | drawings | : | sheets |
| 2. | letter accompanying amendments under Article 34 | : | sheets |
| 3. | copy of amendments under Article 19 | : | sheets |
| 4. | copy of statement under Article 19 | : | sheets |
| 5. | other (specify): | : | sheets |

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received not received

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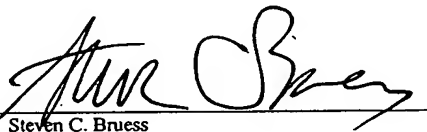
The demand is also accompanied by the item(s) marked below:

- | | | | | | |
|----|--------------------------|--|----|-------------------------------------|-----------------------|
| 1. | <input type="checkbox"/> | separate signed power of attorney | 4. | <input checked="" type="checkbox"/> | fee calculation sheet |
| 2. | <input type="checkbox"/> | copy of general power of attorney | 5. | <input type="checkbox"/> | other (specify): |
| 3. | <input type="checkbox"/> | statement explaining lack of signature | | | |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

By



Steven C. Bruess

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- | | | |
|----|---|---|
| 1. | Date of actual receipt of DEMAND: | |
| 2. | Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b): | |
| 3. | <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. | <input type="checkbox"/> The applicant has been informed accordingly. |
| 4. | <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5. | |
| 5. | <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82. | |

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Demand received from IPEA on: